



Navya Hospital <navyahospital9@gmail.com>

Health Check up Booking Request(43E1663)

1 message

Medsave <it@medsave.in>
To: navyahospital9@gmail.com
Cc: customercare@mediwheel.in

Mon, Nov 4, 2024 at 11:38 AM



011-41195959

Dear Navya Hospital

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking?

Name : MR RAMESH CHANDER
Proposal No : 5361
Branch Code : 311
Contact Details : 9211979789
Location : RZ-138, Block E, New Roshanpura,

Member Information		
Booked Member Name	Age	Gender
MR RAMESH CHANDER	61 year	Male

Included Test -

- Urine Analysis
- Hb%
- Lipidogram
- BST Only fasting or Only PGBS
- ECG

Thanks,
Medsave
Team

Ramesh chander



Date: 05/10/2024.

To,
LIC of India
Branch Office

Proposal No. 5361

Name of the Life to be assured MR. RAMESH CHANDER.

The Life to be assured was identified on the basis of AADHAR CARD

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Dr. KASHINATH GUPTA
MBBS. MD
REG. NO. 11391

Signature of the Pathologist/Doctor

Name:

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

Ramesh Chander
(Signature of the Life to be assured)

Name of life to be assured: Ramesh Chander

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1	<u>FMP</u>	9	<u>Lipidogram</u>
2	<u>Rest ECG with Tracing</u>	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hba1c
4	<u>Hb%</u>	12	<u>FBS (Fasting Blood Sugar)</u>
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	CTMT with Tracing
7	<u>RUA</u>	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of Health Assure PVT LTD
Authorized Signature, _____

NAVYA HOSPITAL
REG-135, NAVYANAGAR,
NEW DELHI-110028

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. 5361

Agent/D.O. Code: Introduced by: (name & signature)

Full Name of Life to be assured: MR. RAMESH CHANDER,

Age/Sex :

Instructions to the Cardiologist:

- Please satisfy yourself about the identity of the examiners to guard against impersonation
- The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- The base line must be steady. The tracing must be pasted on a folder.
- Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Witness

Ramesh Chander
Signature or Thumb Impression of L.A.

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y(N)
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y(N)
- Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y(N)

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at *Delhi* on the day of *05/11* 200*4*
Ramesh Chander
Signature of L.A.

Dr. Kailash Nath Gupta
Signature of the Cardiologist
Name & Address: *BBS. MD*
Qualification: *REG. NO. 1159*

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RZ-13B, NEZAFGARH,
NEW DELHI-110043



Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
176	108	120/80	89.

(B) Cardiovascular System

..... N/A

.....

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Impv	Normal	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	10 ml	S-T Segment	Normal
Auricular Rate	89/min	T-wave	Normal
Ventricular Rate	89/min	Q-Wave	Normal
Rhythm	Sinus		—
Additional findings, if any.	None		—

Conclusion:

TBM

Dated at 26/05 on the day of 05/10 2024

Signature of the Cardiologist
 Name & Address: Dr. KASH NATH GUPTA
 Qualification: MBBS. MD
 Code No. REG.NO.- 11391

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 NEW DELHI-110043

ANNEXURE II – 10

LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch _____ DATE / TIME 05/10/2024 09:10 AM
 Proposal No.5361
 Agent/D.O. Code: _____ Introduced by: (name & signature)
 Full Name of Life to be assured: RAMESH CHANDER
 Age/Sex : 61/M

HEAMETOLOGY

Test	Result	Unit	
Hb%	13.8	ML/DL	13.00-15.00

(Signature)
 Dr. SAKSHI VIRMANI
 MBBS, MD PATH
 REG.NO.- 8941

Pathologist's name & Address
 Qualification:
 LIC Code No. :

(Signature)
NAVYA HOSPITAL
 RZ-13B, NAJAFGARH,
 NEW DELHI-110043

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming. Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

CARE  **PLUS**
DIAGNOSTICS

Address:- Navya Hospital, RZ-13B, New Roshanpura, Najafgarh, New Delhi-110043

ANNEXURE II - 10

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO - CHEMISCAL TESTS -13 (SBT13)

Form No. LIC03 - 011

ELISA FOR HIV

Zone

Division

Branch

DATE / TIME 05/10/2024 09:10 AM

Proposal No.5361

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: RAMESH CHANDER

Age/Sex : 61/M

S.NO.	TYPE OF TEST	ACTUAL READING	NORMAL VALUE
1	BLOOD SUGAR FASTING	92.1	60-110 MG/DL
2	TOTAL CHOLESTEROL	210.3	100-250 MG/DL
	HIGH DENSITY LIPID (HDL)	39.8	30-60 MG/DL
3	LOW DENSITY LIPID (LDL)	139.7	00-150 MG/DL
	TRIGLYCERIDES	149.8	25-160 MG/DL
4	CREATININE		0.2-1.3 MG/DL
5	BLOOD URAE NITROGEN (BUN)		6.0-21.0 MG/DL
6	S PROTEINE		6.5-8.5 MG/DL
	(A) ALBUMIN		3.5-6.0 MG/DL
	(B) GLOBULINE		1.8-2.5 MG/DL
	(C) AG RATIO		
7	S. BILIRUBIN		0.0-02 MG/DL
	(A) DIRECT		0.2-0.8 GM/DL
	(B) INDIRECT		0.2-1.0 MG/DL
	(C) TOTAL		04-45 IU/DL
8	SGOT (AST)		00-40IU/DL
9	SGPT (ALT)		11-50IU/DL
10	GGTP (GGT)		15-112IU/DL
11	S. ALKALINE PHOSPATASE		NEGATIVE
12	HBSAG (AUSTRALIA ANTIGEN)		NEGATIVE
13	ELISA FOR HIV		

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RZ-138, NAJAFGARH,
NEW DELHI-110043

Dr. SAKSHI VIRMANI
MBBS, MD PATH
SIGNATURE OF PATHOLOGIST
PATHOLOGIST'S NAME & ADDRESS ALIFICATION

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CARE AG PLUS
DIAGNOSTICS
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भारत सरकार
GOVERNMENT OF INDIA

रमेश चन्द्र
Ramesh Chander
जन्म वर्ष/Year of Birth 1983
पुरुष Male

9765 4556 9255

आधार - आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता
S/O शो राम ए-92, हर सुख
ब्लॉक, प्रेम नगर-1, किरारी
सुल्तान नगर सुल्तानपुरी सी
ब्लॉक, नॉर्थ वेस्ट दिल्ली
दिल्ली, 110086

Address:
S/O Shoo Ram A-92, HAR
SUKH BLOCK, PREM NAGAR-
1, KIRARI SULEMAN NAGAR,
Sultanpun C Block, North West
Delhi
Delhi, 110086

Aadhaar - Aam Aadmi ka Adhikar

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NEW DELHI-110043

Dr. SAKSHI VIRMANI
MBBS, MD PATH
REG.NO.- 8941



ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report I

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone Division Branch DATE /TIME 05/10/2024 09:10 AM

Proposal No. 5361

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: RAMESH CHANDER

Age/Sex : 61/M

- Physical Examination
(i) Colour : YELLOW (ii) Sediment: NIL
(iii) Transparency : CLEAR (iv) Reaction :ACIDIC
- Chemical Examination
(i) Protein : NIL (ii) Sugar :NIL
(iii) Bile salt : NIL (iv) Bile pigments :NIL
- Microscopic Examination
(i) Red Blood Cells: NIL (ii) Epithelial Cells :01-02 /HPF
(iii) Crystals : NIL (iv) Pus Cells : 01-02 /HPF
(v) Casts : NIL (vi) Deposits : NIL
(VII) Bacterias :NIL

Remarks

If pus cells are present GRAM STAIN is necessary

If haematuria is present ZIEHL NEELSEN METHOD is necessary

I declare that the person (investigated) signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent of the Development Officer.


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RZ-138, NAJAFGARH,
NEW DELHI-110043

Signature of the Pathologist
Dr. SAKSHI VERMANI

Pathologist's name & Address
MBBS, MD PATH
REG.NO.- 6941

Qualification :
LICI Code No. :

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CARE  **Plus**
DIAGNOSTICS

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Ramesh Chander 61/M . 05/10/2024.

10 mm/mV 25 mm/s

I

aVR

II

aVL

III

aVF

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FZ-13B/HAJIRGARH,
NEW DELHI-110043

Dr. KAILASH CHAND GUPTA
MBBS, MD
REG. NO. - 11391

0.50-35 Hz 60 Hz

V1

V4

V2

V5

V3

V6

in